

CHILDREN'S ADMINISTRATION
FOSTER CARE ADMINISTRATIVE REVIEW

CHILD'S NAME		CHILD'S CASE NUMBER
DATE OF CHILD'S PLACEMENT INTO FOSTER CARE	DATE OF ADMINISTRATIVE REVIEW	PLACE OF REVIEW (CITY)

1. The parents (guardians) of the child were advised in writing by: _____
of their opportunity to participate in this Review Board meeting.
 - A. Need for care:
 - ☐ The child no longer needs out of home care.
 - ☐ The child should be returned to the parents (Relatives) (Guardians) on _____ date.
 - ☐ The child continues to need out of home care because: _____

 - B. Appropriateness of placement (the placement is the least restrictive and in the closest proximity to the parent's home, consistent with the best interest and special needs of the child.):
 - ☐ The child is in the appropriate placement.
 - ☐ Other placement options should be explored including: _____

 - C. Legal status:
 - ☐ Placement should continue on a consent basis. Next Administrative Review by: _____
 - ☐ Continue court ordered placement. Next Court Review By: _____
 - ☐ Placement should be changed to court ordered. Dependency/Alternate Residential Placement Established by: _____

Comments: _____

 - D. DSHS individual service plan compliance:
 - ☐ Services have been offered or provided to the family to facilitate the child's return home, including the following:

<input type="checkbox"/> Family/Individual Counseling	<input type="checkbox"/> Family/Individual Evaluations	<input type="checkbox"/> Medical Treatment
<input type="checkbox"/> Family Reconciliation Services	<input type="checkbox"/> Day Care	<input type="checkbox"/> Other _____

Comments: _____

 - E. Services have been provided to assist the child's adjustment in foster care including:

<input type="checkbox"/> Individual Counseling	<input type="checkbox"/> Evaluations	<input type="checkbox"/> Medical Treatment
<input type="checkbox"/> Family Reconciliation Services	<input type="checkbox"/> Respite Care	<input type="checkbox"/> Other _____

Comments: _____

F. Family/child ISSP compliance:

☐ Visitation has occurred approximately _____ times per _____
Any infrequency of visitation is the result of: _____

Other family/child ISSP compliance actions are as follows:

G. ☐ Assessment of progress towards return home or another plan for permanency:

H. ☐ The child is expected to return home or be placed in an alternate permanent placement on or before

I. This Board, having reviewed the up-to-date ISSP and related documents and being fully advised by those persons in attendance, makes the following recommendations:

2. Attending the review were:

☐ DCFS Caseworker ☐ Child (Over 12) ☐ Child's Mother ☐ Child's Father ☐ Foster Parent
☐ Private Agency Caseworker _____, Representing _____
☐ Other _____

3. Review Board members in attendance were: _____ Chairman, and:

AS CHAIRPERSON I CERTIFY THAT:

THIS REVIEW WAS OPEN TO THE CHILD (OVER 12), THE PARENTS OF THE CHILD, AND THAT THEY WERE DULY NOTIFIED OF THEIR OPPORTUNITY TO ATTEND THE REVIEW BOARD MEETING, AND THAT THE FOLLOWING MEMBERS OF THE REVIEW BOARD DID NOT, AND DO NOT HAVE RESPONSIBILITY FOR CASE MANAGEMENT OF, OR DELIVERY OF SERVICE TO EITHER THE PARENTS OR THE CHILD.

NAME	POSITION
NAME	POSITION
NAME	POSITION
CHAIRPERSON, ADMINISTRATIVE REVIEW PANEL	DATE

Original - DCFS Case File
Copies - Child (Over 12), Parents, Private Agency